# ATTACHMENT A.
## CUSTODY DIVERSION PROTOCOL
## SCREENING AND FEEDBACK FORM

**THIS SECTION TO BE COMPLETED BY THE REFERRING AGENCY & FORWARDED TO THE CUSTODY DIVERSION PROTOCOL DESIGNEE FOR THE COMMUNITY MENTAL HEALTH CENTER**

**Legal Guardian name and phone number** _____

**Child's name** _____ **D.O.B.** _____ **County of Residence** _____

**Is parent seeking to voluntarily relinquish custody?** ☐ **NO** ☐ **YES**

**If yes, according to the parents for what reason?** _____

**Has the parent/legal guardian had recent contact with a Community Mental Health Center, Developmental Disability- Regional Office or CSTSAR provider?** ☐ **NO** ☐ **YES**

**Is the child currently in the home (excluding a psychiatric hospitalization)?** ☐ **NO** ☐ **YES**

**Has safety assured for the child?** ☐ **NO** ☐ **YES**

**Are there pending allegations likely to be substantiated?** ☐ **NO** ☐ **YES**

**Has the juvenile office received a current referral for an alleged delinquent or status offense?** ☐ **NO** ☐ **YES**

**If there is no current referral to the juvenile office, and the child has not or is not currently receiving services through a DMH provider, then a referral through the protocol is appropriate. If there is current referral to the juvenile office for which the juvenile office will take some kind of action beyond referral to another agency, the protocol should not be utilized. If there is a recent child abuse and neglect allegation, but the child's safety can be assured, the protocol may be utilized. If there is a current allegation of child abuse and neglect likely to be substantiated, the protocol should not be utilized. However, if mental health services are needed, a referral may be made to the Custody Diversion Protocol Designee for the Community Mental Health Center for a screening and assessment. To initiate a non-Custody Diversion Protocol referral, simply provide the family with the phone number of the appropriate agency.**

**Name of CD or JO referring party** _____

**Date of referral** _____ **Fax number** _____ **Phone number**_____

**THE SECTION TO BE COMPLETED BY THE CUSTODY DIVERSION PROTOCOL DESIGNEE**

**Date of initial Diversion Protocol appointment offered by CMHC** _____

**Date of initial appointment, if not within two (3) business days** _____

**Any concerns related to the safety of the child?** _____

**Assessment by another DMH Division required?** ☐ **NO** ☐ **YES**

**If YES, which division** ☐ **DD** ☐ **ADA**

**Name of agency to do additional assessment**_____

**Date of referral** _____ **Fax number** _____ **Phone number**_____

**Outcome of Assessment (check only one)**

☐ **Community based services** ☐ **residential placement** ☐ **treatment family home**
☐ **Out-of-home placement planned for less than one month** ☐ **referral to CD for screening**
☐ **Referral to Juvenile Justice for screening** ☐ **other** _____

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## THE FOLLOWING SECTION SHOULD BE COMPLETED BY CHILDREN'S DIVISION FOLLOWING PLAN COORDINATION

**Did Children's Division receive custody?** ☐ **NO** ☐ **YES** **If YES, why?** _____
**Was a Voluntary Placement Agreement (VPA) initiated between CD and parent(s)?** ☐ **NO** ☐ **YES**

**Name of CMHC / Regional Center / Adolescent CSTAR contact** _____

**Phone number**_____ **Date information forwarded to CD/JO** _____

**Return to CDP Designee at the CMHC**

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**Once form has been completed, please provide a copy to the referring agency (CD or JO)**
**AND**
**Melodie York, Chief of Children's Operations, Southeast Region**
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**Fax:** 573-218-6773